

# Suffolk County Dental Society

150 Motor Parkway, Suite 105 • Hauppauge, New York 11788-5167

Tel: 631 232-1400 • Fax: 631 232-1402

Web Page: www.suffolkdental.org • E-mail: suffolkdental@optonline.net

## Advertising Rate Sheet • Insertion Order/Contract

★★ **24/7 WEBSITE EXPOSURE INCLUDED!** ★★

★★★ **ADS NOW AVAILABLE IN FULL COLOR !!** ★★★

The **Suffolk Dental Bulletin** is the official publication of the Society. Our circulation reaches more than 1,000 dental practitioners, specialists, associate members, subscribers, dental hygienists, assistants and office staff.

**The Suffolk Dental Bulletin is published four times a year. All copy must be received by the first of the month preceding publication.**

Acceptance of advertising in the Suffolk Dental Bulletin does not constitute an endorsement by the Suffolk County Dental Society. The Editors reserve the right to reject any copy, and as a matter of policy adhere to the advertising policies of the American Dental Association.

★★ **ADDED BONUS:** For a limited time, your ads will now be available online at no extra cost, affording you 24/7 ad exposure: All issues of the Suffolk Dental Bulletin are also published in their entirety on the Society's website, www.suffolkdental.org.

### Acceptable Repro Materials –

Disk with accompanying hard copy for review or camera-ready material to above specifications.

If ads are not submitted "camera-ready", the following one-time set-up charges will apply:

Cover/Full Page: \$ 150.00  
 Half Page: \$ 90.00  
 Quarter Page: \$ 60.00

**Ads must be paid for in advance and submitted with completed insertion order/contract.** Please make checks payable to Suffolk County Dental Society.

### Rates (Subject to space availability)

Check one:  Single Issue  Yearly (four issues)

Check one:  Display Ad  Classified Ad

### Place ad in the following issue(s):

Spring (March)  Summer (June)  
 Fall (September)  Winter (December)

(B & W prices in black / Color prices in red)

| Page Size and dimensions (Check box desired) | Single Issue /Color                      | Yearly (4 Issues) /Color                     |
|--|--|--|
| Full page (7½" x 9¾")                        | <input type="checkbox"/> \$ 450. \$ 550. | <input type="checkbox"/> \$ 1,650. \$ 1,900. |
| Half-Horizontal (7½" x 4¾")                  | <input type="checkbox"/> \$ 300. \$ 375. | <input type="checkbox"/> \$ 1,100. \$ 1,300. |
| Half-Vertical (3⅝" x 9¾")                    | <input type="checkbox"/> \$ 300. \$ 375. | <input type="checkbox"/> \$ 1,100. \$ 1,300. |
| Quarter page - Vertical (3⅝" x 4¾")          | <input type="checkbox"/> \$ 200. \$ 250. | <input type="checkbox"/> \$ 675. \$ 825.     |

### Special Positioning – (Subject to availability)

|                       |  |  |
|-----------------------|--|--|
| Inside Front Cover    | --                                       | <input type="checkbox"/> \$ 2,250. \$ 2,500. |
| Inside Back Cover     | <input type="checkbox"/> \$ 550. \$ 675. | <input type="checkbox"/> \$ 2,000. \$ 2,250. |
| Back Cover (7½" x 9") | <input type="checkbox"/> \$ 700. \$ 850. | <input type="checkbox"/> \$ 2,500. \$ 2,750. |

### Classified Ads: (Up to 30 words – Each additional 30 words: \$40. / \$50)

Check appropriate box:  ADA Members: \$ 85. / \$ 125  Non-ADA Members: \$ 150. / \$ 200

(Type classified on separate sheet and submit with contract and payment)

**I hereby request that the space checked above be reserved for the issue(s) indicated.**

Advertiser's Name: \_\_\_\_\_  Check here if ADA Member

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to the Suffolk County Dental Society and submit with completed contract and copy to:  
**Suffolk County Dental Society • 150 Motor Parkway, Suite 105 • Hauppauge, New York 11788-5167**

(revised 12/2016)